TECHNICIAN PERFORMANCE PLAN							
			(SUPER	VISORY)			
	ee Name:		S	SN:	Date:		
Title/Grade/Series:							
Rating	Date From:	To:	0	rganization:			
PERFORMANCE STANDARDS ELEMENTS (MUST IDENTIFY A MINIMUM OF 1 CRITICAL ELEMENT, PLEASE CHECK APPROPRIATE BOX(s) AT LEFT)							
		tives and sets priorities to mee put and consensus in planning					
	- Uses courtesy, tac	re and cooperative working group of the and respect in dealing with a sappropriate and effective coardinates. Meets Standards	others				
	- Work product is t	ce n starting, carrying out and conthorough, accurate and in companance appraisals on subordina Meets Standards	pliance w	ith guidelines/direct	pp 1 to TPR 430		
		ats logically, clearly and accura chable in resolving problems o Meets Standards					
		hnical competence in areas of ate and accurate technical advi		ility Does Not Meet Sta	andards		
		ovation and seeks to improve ting to changing work environm Meets Standards		and business skills Does Not Meet Sta	andards		
	- Ensures compliar	tate and Federal EEO standards are with EEO goals and standa deeds and words affirmative a Meets Standards	rds		andards		
		Meets Standards		Does Not Meet Sta	nndards		

PART II PROGRESS REVIEW

Date of review and initials of employee and rating official (semi-Annual review required). This does not replace the requirement to record on NGB 904-1. Comments may be entered in part VI.						
Date: Employees Initials:	Rating Official					
PART IIA PROBATION REVIEW						
Recommend Retention	Recommend Non-Retention					
Employee Signature:	Date:					
Rating Official Signature:	Date:					
Comments are required in part VI to support a recommendation of Non-Retention.						
PART III SUMMARY RATING						
PLEASE C	CHECK THE APPROPRIATE BOX					
MEETS STANDARDS	DOES NOT MEET STANDARDS					
Space is provided to summarize the basis for rating. A "Does Not Meet Standards" rating requires explanation; comments must be measurable and must justify the rating in any critical element and requires establishment of a Performance Improvement Plan (PIP) as per TPR 430 dtd 1 Oct 97 as supplemented.						
PART IV EMPLOYEE FEEDBACK						
Please answer the question by checking the appropriate box. Feel free to comment on any subject. A "No" response requires a written reason in the comments area.						
Are you provided the appropriate resources and training you require to perform your job? Yes No Please comment below						
A						
Are new tasks clearly defined? Yes No Please comment below						
Are you told when you are doing a good job? Yes No Please comment below						
Are the Unit goals/objectives clearly defined? Yes No Please comment below						
Additional comments						

PART V CERTIFICATION

Employee's signature certifies review and discussion with the Rating Official. It does not necessarily mean that the employee concurs with the information on this form.					
Performance Standard (Sign when standard is established and annually thereafter)	Appraisal (Sign when appraisal is completed)				
Employee Date	Employee Date				
Rating Official Date	Rating Official Date				
Reviewing Official Date	Reviewing Official Date				
PART VI REMARKS					